

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000075537

1. Entity Name

FIRSTBANK MORTGAGE COMPANY, INC.

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90003 037 \*\*\*150.00

Principal Place of Business

11100 SAN JOSE BLVD.  
JACKSONVILLE FL 32223

Mailing Address

11100 SAN JOSE BLVD.  
JACKSONVILLE FL 32223-7942

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3208650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WELLS, CLYDE N JR  
11100 SAN JOSE BLVD.  
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ALTERS, TIMOTHY D  
STREET ADDRESS 4500 SALISBURY RD., SUITE 160  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ Delete  
NAME DRUMMOND, W J  
STREET ADDRESS 11125 STOWE COTTAGE LANE  
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE DVPS ☐ Delete  
NAME WELLS, CLYDE N JR  
STREET ADDRESS 5032 ORTEGA FOREST DR.  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE DVP ☐ Delete  
NAME MINOR, R. EDWARD  
STREET ADDRESS 6357 JACK WRIGHT ISLAND RD  
CITY-ST-ZIP ST. AUGUSTINE FL 32092

TITLE DP ☐ Delete  
NAME GUNTI, JR. C  
STREET ADDRESS 1239 FRUIT COVE RD  
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/00 (204) 262-1000

CR2E034 (9/99)